

**Miracles in the Mountains:**

**Medical Tourism in Rural Arkansas' Ozark and Ouachita Mountains**

**Forthcoming in *Reimagining and Sustaining Community in a Globalizing World***

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Communities across Arkansas' Ozark and Ouachita Mountains are witnessing a subtle invasion by "medical tourists," visitors seeking new and effective remedies in their quests for better health. The recent resurgence of interest in complementary and alternative medicine is partly responsible for this trend. For patients unsatisfied with conventional medicine, the services provided by unorthodox practitioners in Arkansas' mountain communities offer hope and promise where conventional therapies have failed. The healing practices observed and discussed include traditional plant-based medicine, in addition to more esoteric approaches such as quartz crystal healing, touch therapy, iridology, massage therapy, and reflexology—all of which emphasize the importance of purity, energy, and balance in preventive health and healing. Here we examine how medical tourism has preserved these techniques by incorporating them into mainstream health care services. Ultimately, the blend of unorthodox and conventional medicine in the Arkansas Highlands is evidence of globalizing forces at work, in addition to a renewed appreciation for the historic continuity and efficacy of traditional knowledge in the Upper South.

### **Found a Cure? Medical Tourism in Rural Arkansas**

Relationships between "hosts" and "guests" have diversified considerably in the tourism industry over recent years. Accordingly, social scientists have expanded their research scope to better understand the motivations of tourists who visit distant places (Smith 1989). No longer is tourism defined merely as the temporary pursuit of leisure, relaxation, and recreational activity. Tourists travel to experience, appreciate, and consume multiple aspects of "otherness", including sacred sites and vernacular landscapes (Tarlow 2005, Urry 1990), exotic regional cuisines (Hall and Mitchell 2005, Long 1994), celebrations of ethnicity and heritage (Hoelscher 2003, Ray

2003, Ware 2003), and authentic traditional arts and handicrafts (Tuleja 1997, Rojek and Urry 1997). One significant and relatively neglected component of voluntary travel is *medical tourism*, which we define as the purposeful search for healing and wellness away from the journeyer's home.

Tourism is one of several economic forces bringing change to the cultural landscape of Arkansas' Ozark and Ouachita Mountains. The region once sustained a diversified agricultural economy based on grains, poultry, and cattle. Modernization, however, has been accompanied by a steady out-migration of native sons and daughters, and a shift to contract farming, small factory operation, agricultural (particularly poultry) processing, and a growing service economy (Blevins 2002). Historically, the wooded hills and valleys afforded relatively little in the way of extractive resources, but the region's natural beauty now attracts thousands of travelers in search of serenity, isolation, and physical and emotional restoration. The effects of tourism, however, are mixed throughout the Ozarks and Ouachitas. Some communities with close proximity to lakes, theme parks and National Forests have been invigorated by the introduction of new jobs, affluent retirees, and services, while others have fallen deeper into poverty, accelerating their decline.

In Arkansas, by some measures the most unhealthy of all states in the U.S., folk medical practitioners now work side by side with Jenny Craig and New Age Spas that offer organic hair color, botox, massage therapy, and cures for cancer. Practitioners in remote places offer an array of therapeutic services, including dietary advice to help alleviate the symptoms of Crohn's Disease, crystal therapies to combat depression, and herbal remedies for preventive medicine. In Arkansas, tourists can consult a variety of experts, both for fun and for real. At the same time that these once-isolated healers are promoting their message worldwide through the Internet,

they are centralizing and consolidating their services through franchising. Franchising in turn requires that labor practices and treatment protocols conform with guidelines established by corporate owners.

Americans are constantly bombarded with information about new pills, procedures, and treatments that promise to make them healthier, happier, and better looking. Medical sites on the Internet, media health segments with medical experts, and rampant advertising from pharmaceutical companies means that many of us are obsessing about our weight, appearance, and our lifestyles. Global medical tourism has already affected the economies of India, Poland, Cuba, Costa, Rica, Mexico, Yemen, Thailand, and South Africa where medical procedures can be done at a fraction of what they would cost in the United States or Europe. Medical tourism is also increasingly evident in the rural areas and small towns of the Ozark and Ouachita Mountains in Arkansas.

In a 1978 article published in the *American Anthropologist*, Irwin Press predicted a resurgence of interest in and use of folk health practices in the United States. According to Press, “folk practices are resilient, readily shifting to adjunct functions of healing under pressure from effective modern medical and welfare systems” (1978:71). Indeed, the spectrum of CAM (complementary and alternative medicine) exhibits remarkable scope in both urban and rural regions of the United States. CAM consists of folk medicine (historically rooted, commonly shared and widely practiced beliefs that are learned informally and through direct experience) and alternative medicine (historically diverse and esoteric practices performed by trained experts who perform outside the politically dominant health care system). *Folk medicine* is learned informally, and includes herbal remedies, household cures, hexes, superstitions, and conjuring,

while *alternative medicine* requires formal training, and includes chiropractics, acupuncture, homeopathy, crystal therapy, reflexology, and naprapathy (Cavender 2003).

Roughly eighty percent of the world's population relies on CAM, and an estimated sixty percent of Americans augment modern services with CAM (Wooton and Sparber 2001, Eisenberg et al. 1993). Folk and alternative medical beliefs have proven particularly perdurable among medically underserved populations. Further, these beliefs transcend ethnic, socioeconomic, and geographic boundaries:

Complementary and alternative medicine (CAM) is an aspect of cultural diversity in modern American life, whether found in the ethnomedicine of a newly immigrated group or the widespread CAM utilization of middle-class, Anglo Americans (Hufford 2002:15).

As Cavender (2003) has discovered in his compelling account of health beliefs in Southern Appalachia, traditional and modern medicine are historically intertwined and fluid in their boundaries. These dynamics require us to reconsider the assumed or hidden hierarchy between folk, popular, and scientific medical belief systems. Anthropologists have often studied customs that are easily dismissed as fringe entertainment, far from the center of power. We need to challenge the indigenous/modern dichotomy. How do folk beliefs help us to understand social change and the flexibility of practice at the crossroads of modern and traditional? How are goods and services on a local linked to those on the global scale? To what degree do folk healers and CAM practitioners maintain and legitimize the power of conventional medicine? To what extent can alternative medical systems offer resistance to powerful medical and pharmaceutical lobbies? The time has come to critically examine competing ideologies of health care and to explore health systems that break the boundaries between regions, social groups, and ethnicities.

## **“Other” Medicines in the Ozarks and Ouachitas**

We used a variety of methods to collect data. Using open-ended and semi-structured interviews, we consulted with forty-five patients and practitioners of folk, complementary, and alternative medicine in twelve relatively isolated communities in the Arkansas Ozarks and Ouachita mountains that had reputations as folk/alternative healing centers across the region. In doing our ethnographic work, we followed the lead of Randolph (1947) who reasoned that folk healing techniques persist in the Arkansas Uplands largely because of the relative self-sufficiency of its residents. To complement our data, we also used the Internet to study the web sites of crystal healers, massage therapists, naturopaths, and other CAM practitioners.

Many of the unorthodox practices sought by visitors to the Ozarks and Ouachitas are based on Euroamerican and Native American healing customs (Nolan and Robbins 1999, Jones 2000). Although the Ozarks and Ouachitas are home to increasing numbers of Hispanics and Asians, we have yet to see their impact on medical tourism in our study region. Hispanic practitioners now serve mostly Hispanic patients, and stores that stock Latino and Asian herbal preparations serve mostly a local clientele in the urban centers. We have yet to enumerate the *curanderos* who could potentially attract medical tourists to the Arkansas Highland. While some CAM practices are designed to serve the physical and emotional needs of the acute and chronically ill (Hufford 1988, 1992), others reflect adaptations to economic marginality (Nolan and Robbins 1999, Moerman 1974), and responses to the high cost and unavailability of institutionalized medical care (Salmon 1984).

Arkansans spend a higher percentage of their incomes on health care than people in any state except West Virginia. These expenditures do not reflect a healthy general population. Indeed, Arkansas's rates for depression, obesity, drug abuse, heart disease, sexually transmitted

disease, teenage pregnancy, vehicle accidents, work-related injuries and smoking-induced illnesses are among the nation's highest. In a state long designated by the federal government as underserved by physicians, dentists, and nurses and with large numbers of uninsured residents, it is perhaps to be expected that residents would seek help from unorthodox practitioners (e.g., McCorkle 1996).

In the remote wilderness of Newton County, long-time Ozarkers have adapted to isolation and remoteness by gardening, hunting, fishing, and trapping for subsistence. In the absence of sophisticated medical services—only one physician resides in the county—a rich and varied compendium of botanical remedies persists. Medicinal plant knowledge and use represents a vital aspect of contemporary Ozark survival. In the tiny towns of Parthenon, Shiloh, and Low Gap, resident herbalists provide their patients with informal advice and services. These specialists are considered to be highly knowledgeable about wild plants and their healing properties. Not unlike the village “wise women” from days of yore, herbalists in Ozark communities are consulted to treat a wide range of chronic and acute medical problems ranging from colds, fevers, skin infections, arthritis, rheumatism, diarrhea, and pneumonia.

The plants used by herbalists are generally gathered from overgrown fields or the surrounding forests, but some are semi-cultivated. Barbara Allen, a retired critical care nurse and resident herb farmer from Parthenon, explains:

...Lots of families around here shared knowledge about the location of wild herb colonies, like the ginseng patches, and they cared for them year after year.

Safeguarding herbs is a family tradition. Many of the “simples”, as grandma called them, had multiple uses—food, salad greens, dyes, and of course medicines...

The medical applications for wild botanicals are dependent on the season in which they are gathered. The young shoots of burdock, dandelion, and mullein, for example, are consumed in the springtime to purify the blood and strengthen the blood and heart. In the summer and fall, when the plants mature and become toxic with alkaloids, they are steeped in boiling water and taken as teas as needed for the treatment of acute respiratory pain and stomach ulcers.

The Ouachita Mountains of Western Arkansas are home to the only significant vein of high-quality quartz crystals in North America. Quartz crystals are the result of geological formation of the Ouachita Mountains, which are rich in groundwater silica, the building block of crystals. To the casual observer, the six-faceted crystals are so symmetrical that they appear synthetic, as if modified by humans or machines. Indeed, perhaps a part of the perceptual allure of crystals comes from their liminal position between the “natural” and the “cultural.” But crystals also have piezoelectric or vibratory properties, and many people report feeling positive “vibrations” from crystals. Crystals have a long history in lithotherapy, the use of stones in folk medical treatment, and are believed to be effective sources of vitality, balance, and emotional well-being.

Crystal mining, combined with retail and wholesale marketing, provides an income for some mom-and-pop and larger-scale entrepreneurs in the rural areas around Hot Springs and Mt. Ida, Arkansas. Although many of these retailers reported that they did not believe in the healing power of crystals, they nonetheless displayed a wealth of knowledge about how others use them. One shop owner told of his move to Arkansas from Wisconsin during the “New Age” movement of the 1980s, lured by the prospect of mining and marketing crystals in the region. He explained that crystal therapists select and use specific types of crystals based on their clarity, form and shape. For example, a re-healed crystal—one with evidence of repair following structural

damage—is particularly valuable as a healing tool, since it is a visual reminder of the power of self-healing and restoration.

Homeopathic healers, once uncommon in the rural South, have recently settled in the Ouachita Mountains to establish informal “crystal therapy” centers. These practitioners emphasize visible similarities between things, believing that “like cures like”. According to homeopathic and metaphysical thought, crystals can repair the body and spirit when chosen and administered properly to the individuals. Each year, thousands of crystals are bought by tourists and travelers in the Ouachitas, and are now available for online purchase. Crystals are a popular treatment option for the chronically ill who have become disenchanted with invasive procedures such as chemotherapy and surgery. Even those with anxiety disorders find comfort in the sparkle and touch of these glassy stones. As one crystal shop owner remarked:

People from all walks of life come through these doors in search of the perfect stone. Men, women, teachers, lawyers...you name it. I guess they're looking for a magic cure for just about anything these days: anxiety, bad luck, depression, even a failing marriage! And they'll test the crystals...you know, pick them up, hold them in their hand for a while, and that's how they decide which one they want. I think these are the folks who've come to the end of the line...

Healing crystals represent a unique element of the social ecology of alternative medicine in the rural hill country of Arkansas, providing an additional pathway of healing when health care needs have not been met satisfactorily by more mainstream services.

The scarcity of modern health care in Arkansas has fostered a rich folk medical tradition in the rural Ozarks and Ouachitas, forming the basis for several contemporary CAM beliefs. Vance Randolph documented the customary practices of power doctors, midwives, granny-

women, wart witches, and “real” witches in *Ozark Magic and Folklore* (1947). Recent findings suggest that traditional knowledge continues to thrive both in remote mountain communities with limited access to conventional medical facilities and in the state’s urban centers (Nolan and Robbins 1999). As late as the 1970s, there were counties in Arkansas with no physicians or dentists, and the number of Arkansans with missing teeth and dental decay is reflected in popular “hillbilly” images and stereotypes (Harkins 2004, Williamson 1995).

The remote town of Mountain View, Arkansas, is home to the Arkansas Folk Center. The federally-funded Center provides “living exhibits” of folk crafts, dancing, and music to document the fast-disappearing survivals of rugged mountaineers. Although many of the craftspeople, musical performers, and cooks at the Center are in-migrants with few personal ties to the Ozarks, they nevertheless provide the glimpse into the mythic and romantic past that tourists and urbanites desire. It is not accidental that natural medicine experts have chosen to establish their practices here and in other remote communities, far from the busied pace of urban life and the crowded waiting rooms of conventional health clinics.

Natural medicine practitioners, in contrast to the herbalists described above, have adopted a rather esoteric approach to health and healing. Like other “New Ager”, they have borrowed elements from various religions and health belief systems, combining Euro-American and Native American plant remedies with Ayurvedic principles and Eastern mysticism. From her hand-built wooden farmhouse outside of Mountain View, one well-known Canadian naturopath owns and operates an herbal academy that provides mail-order herbal medicines, organic food supplies, and Internet advice in addition to correspondence courses in natural medicine. Emphasis is given to patients’ personal medical histories and present health problems, which are then addressed and repaired in accordance their special needs. At the Tangled Acres Healing Center

in Pine Ridge, a naturopathic physician specializes in “Healing Touch” therapy, an energy-based system designed to promote relaxation and stress reduction. The exoticism of this method is softened by the rustic façade of the practitioner’s quaint log cabin at Tangled Acres, which is nestled between a general store and a sawmill. For a nominal fee, patients can receive intensive touch-therapy sessions and experience a personal encounter with a caring and knowledgeable expert.

Geared primarily toward holistic healing, natural medicine practitioners offer the promise of disease prevention and wellness through hands-on interactions with patients. Most do not claim to replace allopathic medicine, which is considered the treatment of choice for emergency care. But they enthusiastically defend the efficacy of their approach, and believe that wellness can be achieved through custom-designed organic food supplementation, detoxification strategies, meditation, and prayer. Natural health experts in the Ozarks and Ouachitas have successfully woven their philosophy, technique and image into the fabric of the vernacular landscape, where the pathway to healing is rendered accessible to tourists.

### **The Politics of Healing in the Age of Information**

*Our Bodies, Ourselves* (1970) advised women to question conventional health practices and advised women to take charge of their own bodies. An emphasis on wellness replaced an earlier focus on illness. Today, the thirst for medical knowledge seems insatiable. Americans are constantly seeking new medical information. Cody (2004:11) estimates that one-third of all visits to the Internet are for medical help and news. Countless segments on morning and evening television news shows are devoted to medicine and health.

But advice changes and consumers have become more skeptical. Only a few years ago, physicians prescribed hormone replacement therapy to menopausal women to protect their bones,

heart, and minds, and Vioxx was prescribed for pain management. Then, abruptly, recommendations changed: hormone replacement therapy (HRT) was found to increase a woman's chances of dementia, heart attacks, and breast cancer. Merck removed Vioxx from the market in 2004 in the wake of news reports that the giant pharmaceutical company knew that the drug might have dangerous side effects. Studies no longer claim that Vitamin E promotes cardiovascular health. Contradictory and exaggerated findings are commonplace.

Television pitches advertisements for prescription and non-prescription drugs for mental and physical well-being. Americans are estimated to spend \$200 billion on prescription drugs they purchase themselves and an additional \$200 billion on drugs administered in hospitals and other facilities. People are taking more drugs, and drug costs are inflating at a higher rate than any other component of health care (Angell 2004:52). The high price of prescription drugs (largely the result of marketing, not research and development) has motivated millions of Americans to purchase drugs from Canada over the Internet, and flocks of Americans go across the border to Canada and Mexico to buy prescription drugs.

In Arkansas, only licensed medical doctors can prescribe or treat conditions with supplements such as herbs, vitamins, or minerals. Naturopathy, a practice recognized in 13 states, is illegal in Arkansas. Arkansas' medical doctors have long resisted efforts to legalize or expand the authority of nurse practitioners, midwives, chiropractors, and other related health care providers. Nevertheless, a search of web sites reveals the names of more than practicing 100 naturopathy doctors or holistic medical doctors around the "Natural State." This number does not include those individuals who offer less mainstream services such as crystal healing, hypnotherapy, and soul retrieval (Cody 2004:11). In 2002, the state Attorney General's office filed lawsuits against three naturopathic doctors and permanent injunctions were later upheld against two of the

three. Another agreed to drop the term “doctor” from her own credentials, brochures, and stop awarding doctor’s degrees to those who completed her correspondence course. A measure to legalize naturopathic doctors failed in the 2003 General Assembly. In 2005, a Hispanic resident in Springdale who offered inexpensive dental services from his home was fined and ordered to close his practice. A bill introduced in the 2005 session of the Arkansas Legislature would have required cities to fluoridate their water supplies. This bill was vigorously opposed by Arkansans who thought fluoride either dangerous or an unwelcome extension of the long arm of government. An editorial in a Eureka Springs newspaper railed against fluoride as yet another example of a conspiracy by big businesses (DuPont) to profit by selling their industrial wastes. (Hemp, according to the same editorial writer, was made illegal only when the manufacturers of synthetic fabrics feared competition from those who produced natural fibers).

Despite having the most expensive health care system in the world, the United States lags behind other industrialized countries in measures such as infant mortality and life expectancy. Texas, Florida, and Mississippi recently have cut Medicaid benefit to children and elderly and disabled citizens. Complicated regulations and gatekeepers make access to medical care difficult even for those with insurance coverage, and the cost of higher insurance premiums has shifted from employer to employee. Press (1978:80) suggested that individuals from higher-income brackets, and those with insurance, consult alternative healers only after they have visited their regular physicians. Our research indicates, however, that the value and appeal of unorthodox medicine is relatively unaffected by economic factors or the presence or absence of insurance.

### **Cultural Diversity and the Future of Unconventional Medicine**

Our study of medical tourism in the rural highlands of Arkansas has revealed at least a partial portrait of the dynamic and historic processes shaping medical belief systems in

globalizing communities. Medical tourism in rural Arkansas has promoted access to folk health systems and CAM strategies. Folk knowledge and alternative medicine are most evident in rural areas economically dependent on seasonal tourism. The geographic marginality of the Arkansas Uplands provides a suitable ecological context for unorthodox medical beliefs to endure and prosper.

But traditional and modern medical systems are not mutually exclusive in regional cultures. They blend together seamlessly, “diffusing from one sector to another” (Cavender 2003:33). Scientific and folk beliefs borrow extensively from one another, which helps explain the interaction and exchanges between these seemingly different health systems. Herbalists, crystal healers, and natural medicine experts now practice alongside allopathic physicians in an atmosphere of mutual collaboration. The coexistence of the old and the new in rural Ozark and Ouachita communities has promoted the visibility of promising new methods of curing to a growing number of curious and hopeful medical tourists. The diversification of medical resources is culturally adaptive in the Arkansas Uplands, because institutional medicine alone is not equipped to handle the full range of support and services required.

Industrial expansion, the poultry industry, and the demand for cheap labor have introduced new ethnic diversity to Washington and Benton Counties in Northwest Arkansas and parts of Ouachitas. Northwest Arkansas, home to Wal-Mart headquarters, is the fourth fastest growing metropolitan areas in the United States. In the late 1990’s, over 20,000 Hispanics migrated to the region in search of jobs and higher standards of living. Ethnic immigration introduces the potential for new ethnomedical strategies to benefit globalizing communities by enhancing the repertoire of resources for illness treatment and prevention (Reiff et al. 2003, Gomez and Gomez 1995). At the present time, these new immigrants are concentrated in cities

experiencing rapid urbanization, particularly the greater Northwest Arkansas metropolitan area. We predict, however, that the health beliefs of Hispanics, Vietnamese, Asian-Pacific Islanders, and other immigrant groups will become far more important as these groups move into more diverse occupations. Accordingly, the expanse of treatment options is likely to become increasingly visible and available to local residents, day-trippers, and the growing number of medical tourists in the region.

Our examination of medical pluralism in the rural Arkansas Highlands reveals that medical care is becoming increasingly eclectic. Changing health care needs and concerns, the increasing availability of medical information, the strong reliance on wide-reaching social support networks, and the transfer of knowledge across cultural and geographic divides all serve to explain this. Like other traditions that bind people together, folk and alternative medical beliefs can persevere as tourists in isolated, rural communities visit local healers who combine time-honored cures with global information to integrate their communities with national and international consumer cultures.

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